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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/743,420
Filing Date	12/22/2003
First Named Inventor	Cai-Ting GU
Art Unit	3632
Examiner Name	
Attorney Docket Number	1035 01010

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Leong C. LEI				
Address	PMB#1008, 1867 Ygnacio Valley Road				
City	Walnut Creek	State	CA	Zip	94598
Country	U.S.A.				
Telephone	905 812 9381		Fax	905 286 9781	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Cai-Ting GU
Name	Cai-Ting GU
Date	February 16, 2005

Telephone	
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/743,420
Filing Date	12/22/2003
First Named Inventor	Cai-Ting GU
Title	Packaged structure of PCMCIA..
Art Unit	3632
Examiner Name	
Attorney Docket Number	1035-01010

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Leong C. LEI	50402

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Leong C. LEI				
Address	PMB#1008, 1867 Ygnacio Valley Road				
City	Walnut Creek	State	CA	Zip	94598
Country	U.S.A				
Telephone	905 812 9381	Fax	905 286 9781		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Cai-Ting GU</i>	Date	February 16, 2005
Name	Cai-Ting GU	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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